

Office of the Governor **Briefing Memo**

To: Inter-Agency Heroin & Opioid Coordinating Council

Through: OOCC Planning Section

From: Clay Stamp

Re: Opioid Operational Command Center (OOCC)

Date: June 1, 2017

Completed Action Items (May 25, 2017 - May 31, 2017):

- On 5/25/2017 – Assessed the number of local DSSs that utilize a screening tool and identified a need for referrals to addiction support services, e.g. SBIRT [Partners: DHR]
- On 5/26/2017 – Completed analysis of naloxone administration trends by EMS providers statewide and broadly shared to partners via the [Office of Preparedness Public Health Situational Awareness Report](#) [Partners: DHMH, MIEMSS]
- On 5/30/2017 –
 - Received an extension to the State of Emergency to continue OOCC mobilization phase through 6/30/2017
 - Appointed a Unit Leader to begin implementation of a strategy to transition the OOCC from initial Mobilization - Crisis Management to the Mid-Term - Consequence Management phase
 - Conducted OOCC workshop at the 2017 MEMA Symposium to receive feedback and comment on the OOCC Strategic Plan from local emergency management partners
- On 5/31/2017 - Sent out OIT Status Report Questionnaire to measure local jurisdiction progress and identify gaps; return date 6/9/2017

Planned Actions Items (May 31, 2017 - June 7, 2017):

- On 6/2/2017 - Attend and present at the All-Hands Summit on the Opioid Crisis in Hagerstown

- On 6/6/2017 - Attend and present at the Baltimore City OIT Meeting
- On 6/7/2017 - OOCC Director to present at Department of Juvenile Services' Opioid Overdose and Awareness Conference
- Develop OOCC reporting process to support State and local situational awareness regarding efforts at the state
- Vet a proposed spending plan with leadership and present to the Lt. Governor for approval
- Work with the Department of General Services to create a bulk purchasing contract for opioid antagonists, e.g. naloxone and other medicines
- The OOCC is drafting a Communications Plan to distribute alerts on immediate issues
- Continue to compile survey results from the Maryland Hospital Association regarding the standardization of ED discharge protocols to incorporate substance use disorder screening, naloxone dispensing, and direct referral to treatment [43 of 47 received]

OOCC Coordinated meetings

The OOCC continues the mobilization phase (0 - 120 days) to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

- On 5/22/2017 - Discussed revision of the Naloxone FAQ document at the School Health Service Directors' meeting to ensure alignment with recently passed legislation; once completed, document will be shared with school health coordinators for review and forwarded to the AG's at DHMH and MSDE for approval
- On 5/25/2017 - Attended Garrett County's OIT Meeting
- On 5/25/2017 - Conducted conference call with MHA to gather progress updates on ED discharge protocol survey results
- On 5/26/2017 - Convened roundtable with federal, state, and local

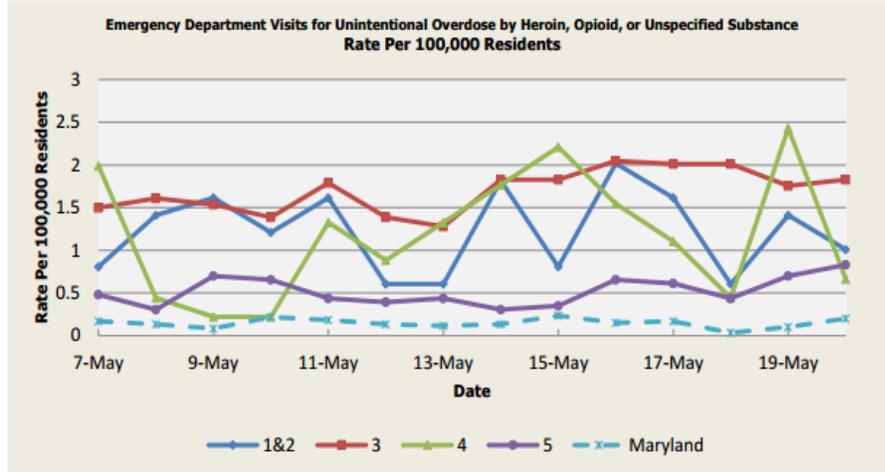
law enforcement leaders to discuss strategic initiatives at the HIDTA

- On 5/26/2017 - Convened a meeting of the Crisis Hotline Workgroup; next meeting in series to take place in June
- On 5/30/2017 - Convened OOCC Operational staff [24 individuals] to begin a new two-week operational period with 8 objectives and 45 tangible tasks to complete by 6/12/2017

Public Health Preparedness and Situational Awareness Report: #2017:21 Reporting for the week ending 5/27/17 (MMWR Week #21)

SYNDROMIC OVERDOSE SURVEILLANCE

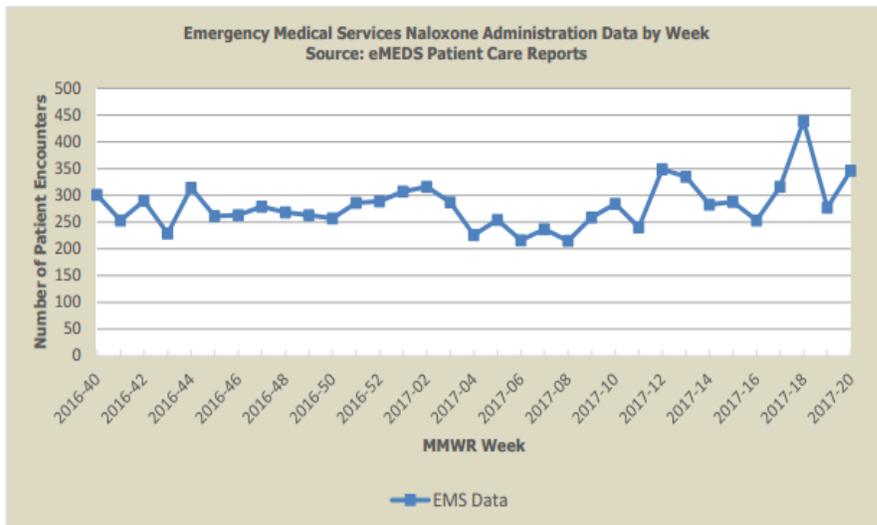
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.33	0.42	0.37	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.